ROLE OF GRATITUDE AND FORGIVENESS IN LIFE OF PERSONS RECOVERING FROM ALCOHOL DEPENDENCE

A Synopsis

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Introduction

Alcohol and drug abuse behaviour are the preventable problems imposing challenges to each and every society and nation across the globe (World Health Organization, 2018). Young adulthood or emerging adulthood approximately the period the period between ages of 18-26 phase of transition from, adolescents to adulthood (Arnett, 2000), is the most significant developmental phase which has its own challenges and opportunities. Although we take a sample of 20-25 years old because 18 years young adult is probably not alcohol dependence. Typically the duration where young adults complete their education, begin with their career and move toward mature relationships on the way to begin with the family life and so as to say that towards productive and responsible adult life (Arnett, 2000). The phase marked with self-exploration and identity formation. Adulthood age range is 26-44 (Yanfang et al., 2020). Adulthood is a developmental phase of human life wherein physical, cognitive and psycho-social development of individual move towards lower to higher level of development.

While each individual follows his/her own path, the challenges, threats, opportunities and the stress during this phase cannot be deniable. Many people adapt to different mechanisms of dealing with day to day life challenges and issues, different people try different ways of coping and some resort to healthy and some to compromising behavioral patterns. While some people begin experimentation when they are young, some people start late and some at the stage of adulthood out of experimentation. Furthermore, this might be brought on a desire to experiment, social pressure from the outside world, or mental health issues (Drug Addiction, 2018).

While it comes to alcohol consumption in comparison to any other age group young adults have reported to have a higher prevalence of alcohol consumption, binge and heavy drinking with more negative health, social and psychological consequences imposing heavy psycho-social and economic burdens (Altterman, 1986,1990). Highest rate of alcohol and drug abuse has been

reported among the young adults. In the year 2018, 35% of people falling under the age bracket of 18 to 25 years reported binge drinking (defined as having 4 or more drinks among women and 5 or more drinks for men in a period of two hours). Moreover, between the ages of 12 and 17, 4.7% of people and 25% of people over the age of 26 are considered to binge drink (Drug Addiction, 2018). Alcohol has been reported as one of the major risk factors for premature mortality and disability among people falling under 20-39 years, making it 13% of all deaths in this age group (WHO, 2019).

The survey makes the assumption that out of India's just over one billion people 62.5 million use alcohol, 8.75 million use cannabis, 2 million use opiates, and 0.6 million use sedatives or hypnotic. 17% and 26% of these individuals fall into the category of dependent users who require immediate medical attention (Kumar S, 2004).

Alcohol dependence is a huge problem which affects people's life in a bad way. Family life, quality of life, emotional regulation, tolerate distress are also badly affected in people who are recovering from alcoholism. Positive psychology is a field that provides the right direction to the mental health of people gratitude and forgiveness are qualities in them which bring improvement in people lives with gratitude a person becomes thankful towards his life and towards people and goes away from bad habits. Forgiveness develops the quality of forgiving in persons, due to which his emotional regulation is done properly and he learns to tolerate distress and his family life becomes happy.

Family Relationship

The family is the most common of all human relationship and a social institution and for good reason. Family is psychologically rooted human longing for affiliation and belonging (Baumeister & Leary, 1995). A strong research base is evident of the fact that alcohol and substance use effects intimate relationships, responsible for domestic violence and impacts quality of relationships in a negative manner.

Distress Tolerance

The ability to control an emotional event without becoming overstimulated is referred to as distress tolerance (Linehan, 2014). Studies in the past have established significant relationship between distress tolerance and substance use distress tolerance (Brandon et al., 2003; Daughters, et al., 2005b)being an important determinant of affect and behaviour regulation self-reported

distress tolerance has further been established to have significant associations with alcohol related problems (Buckner et al., 2007). Pilatti et al.,2012 , Khan et al., 2010, Howell et al., 2010, reported that low distress level as one of the contributing factors of alcohol consumption and its related negative consequences among non-clinical population.

Emotional Regulation

Emotional Regulation is the process through which individuals manage how they feel and communicate their emotions (Gross, 2002).it is the ability of being aware of, accepting, understanding and controlling emotions and impulsive behaviour while experiencing distress involving the usage and application of adaptive coping strategies. Emotion- deregulation is an identified and established factor responsible for the development of alcohol use disorder. (Berking et al., 2011; Petit et al., 2015), studies have established low distress tolerance and poor emotion regulation to have contributory role in alcohol consumption among nonclinical samples. The association between low distress tolerance and poor emotion regulation was demonstrated in the context of alcohol drinking in non-clinical samples.

Quality of Life

Quality of life is another important parameter providing insights into the extent to which the life of the alcoholics have been effected. According to WHO (1995) quality of life has been defined as "an individual's perception of their position in life, and in the context of culture and value systems in which they live, and also in relation to their goals, expectations, standards, and concerns." Researches in the past are evident of low quality of life among the alcohol consuming individuals (Donovan et al., 2005 and Longabaugh et al., 1994) but the research on how the intervention and therapeutic mechanisms work in enhancing the QoL of alcohol and substance dependant patients is still unclear and yet to be explored.

Gratitude

According to Kant (1964) gratitude is "honouring a person because of a kindness he has done us". The findings could be used to create a treatment plan that includes a gratitude-based intervention to start and maintain long-term recovery (Chen, 2017). The result strongly align with psychological and philosophical interpretations of gratitude as involving a benefactor's assistance in the supply of gifts that are undeserved and cannot be repaid but inspire reciprocity.

Future study can look at these constructs as co-occurring occurrence or as mechanisms gratitude effects recovery (AR Krentzman, 2019).

Forgiveness

Forgiveness is a suite of prosocial motivational changes that occurs after a persons has incurred a transgression (Michael E. McCullough, 2001).The findings suggest that it is vital to diagnose forgivingness and thankfulness in order to properly motivate alcohol-dependent patients to begin therapy (Charzynska, 2020). According to a different study, none of the outcomes that were assessed were related to Forgiveness. While forgiveness seems to be significant and helpful in relation to alcohol-related consequences, it's possible that self-forgiveness is the most crucial. The sample- and measurement-related difficulties addressed are limitations (Webb, 2013).

Rationale

The age group that uses drugs like alcohol, cocaine, and marijuana the most often falls between the ages of at 18 and mid to late 20s.Young adult life has its own set of challenges and opportunities. It is a transition from adolescent to adulthood, towards mature and productive life. Many persons start drinking at early age and some start at middle and older age. This might be the reason behind of a desire to investigate, social or environmental pressure, or mental health problems. Young people rate of alcohol and drug abuse is highest rate, according to a study by the Substance Abuse and Mental Health Services Administration (Drug Addiction, 2018). Adulthood populations are populations which consume most alcohol.Young persons are negatively influence by alcohol consumption, with the 13% of alcohol credit deaths in 2019 happen among people age group is 20 and 39 years. Worldwide, an estimated 300 million people suffer from an alcohol consumption disorder. In India which has a population of little over a billion people, the poll estimated that 62.5 million individuals use alcohol, and 8.75 million people use cannabis or0.6 million people use hypnotics (Sunjay Kumar, 2004). Abuse of alcohol and other drugs is a very serious issue imposing physical, psycho-social and economic burden on the individual and as well as on the nation. Abuse of alcohol and other drugs has a negative impact on family life, which affects his social and mental health.

The deterioration and the harm imposed by the alcohol and its abuse to the psychological health of the individual and family is serious. Considering the facts and taking into consideration the factors positive capital variables leading to improve the quality of life of persons recovering from alcohol dependence the present research aims to look at the role of gratitude and forgiveness in people recovering from alcohol dependence.

OBJECTIVES OF THE STUDY:

1. To study the relationship between emotional regulation and gratitude in life of persons recovering from alcohol dependence.
2. To study the relationship between distress tolerance and gratitude in life of persons recovering from alcohol dependence
3. To study the relationship between family relations and gratitude in life of persons recovering from alcohol dependence.
4. To study the relationship between quality of life and gratitude in life of persons recovering from alcohol dependence.
5. To study the relationship between emotional regulation and forgiveness in life of persons recovering from alcohol dependence.
6. To study the relationship between distress tolerance and forgiveness in life of persons recovering from alcohol dependence.
7. To study the relationship between family relations and forgiveness in life of persons recovering from alcohol dependence.
8. To study the relationship between quality of life and forgiveness in life of persons recovering from alcohol dependence.

HYPOTHESES:

1. There will be a significant relationship between emotional regulation and gratitude in life of persons recovering from alcohol dependence.
2. There will be a significant relationship between distress tolerance and gratitude in life of persons recovering from alcohol dependence.
3. There will be a significant relationship between family relations and gratitude in life of persons recovering from alcohol dependence.

4. There will be a significant relationship between quality of life and gratitude in life of persons recovering from alcohol dependence.
5. There will be a significant relationship between emotional regulation and forgiveness in life of persons recovering from alcohol dependence.
6. There will be a significant relationship between distress tolerance and forgiveness in life of persons recovering from alcohol dependence.
7. There will be a significant relationship between family relations and forgiveness in life of persons recovering from alcohol dependence.
8. There will be a significant relationship between quality of life and forgiveness in life of persons recovering from alcohol dependence.

METHOD:

Population and Sample:

The target population will be comprises young adults and adults and of age group between 20-44 years who are recovering from alcohol dependence. The sample size will be 400 males (200 rural area and 200 urban area). The sample will be drawn from rural and urban areas.

Inclusion Criteria: Comprises young adults and adults who are recovering from alcohol dependence, belonging to urban and rural background with age group is 20-44 years.

Exclusion Criteria: Individual with major psychiatric illness, mental retardation and medical illness.

Tools to be used in the present study

1) Emotional Regulations Questionnaire (ERQ; Gross & John, 2003): A 10-items questionnaire developed on 7 point Likert scale particularly developed to assess the individuals propensity to repress their emotions either expressively or cognitively.is designed to assess respondents' propensity to repress their emotions either expressively or cognitively. Test has sound reliability coefficient of 0.80 for reappraisal category and 0.60 for suppression category.

2) The Distress Tolerance scales (Jeffrey S. Simons et al.): Simon and Gaher created the distress tolerance scale in 2005 on 15 item 5 point Likert scale for the assessment of distress tolerance level. The test has shown good reliability of 0.93 Cronbach's alpha method and 0.61 by retest method. Test is a valid measure of distress tolerance with sound validity.

3) Family Environment Scale (Bhatia& Chadha, 1993): Family Environment Scale developed by Bhatia & Chadha in 1993. This scale is based on the family environment scale given by Moos (1974).It has 69 item for 17-50 years old population. Family Environment Scale has three major dimensions namely relationship dimensions, personal growth dimensions, system maintenance dimension and further each dimension has four, two, and two sub dimensions respectively. The split half reliability for the subscale was calculated and ranged from 0.48 to 0.92 and overall test retest reliability coefficient of 0.95.

4) John Flanagan's Quality-of-Life Scale: John Flanagan developed the Quality-of-Life Scale in the 1970s 15 questions made up the original QOLS, (16-items version) evaluates five fundamental aspects of quality of life: material and physical well-being, interpersonal relationships, social, community, and civic activities, as well as personal fulfillment and progress, as well as leisure. In groups with stable chronic illnesses, the QOLS satisfaction measure demonstrated good test-retest reliability over a 3-week period (r = 0.78 to r = 0.84) and was internally consistent (=.82 to 92).

5) The Gratitude Questionnaire (GQ-6) (McCullough et al., 2002): The GQ-6 is a survey that assesses appreciation. This six-item assessment of thankfulness examines its intensity, density, span, and frequency. Likert scale responses are tallied, with 1 denoting the strongest disagreement and 7 denoting the strongest agreement. A more thankful attitude is indicated by higher scores. The scale has excellent test and retest reliability, great internal consistency with a Cronbach's alpha of.87, high convergent reliability with peer and well-being ratings, and discriminant validity from relationships.

6) Heartland forgiveness Scale (Thompson et al., 2005): HFS includes 18 items to evaluate an individual's forgiveness level. HFS is a seven-point Likert-type scale having the following range: "almost always false than true" (1) to "almost always true of me" (7). Köker (1991) reported an internal consistency coefficient of.80 and a test-retest reliability coefficient of 0.85. The indicator of internal consistency was 0.84.

Procedure:

The sample will be finalized using purposive sampling. After finalized the sample, the data will collected from the participants by administering the scales used in the study. The data will be analyzed with the help of appropriate statistical tools.

Statistical tools

The proper statistical method will be used to conduct the statistical analysis as per the nature of the data.

References

Adulthood

Alterman, A. I., Bridges, K. R., & Tarter, R. E. (1986). Drinking behavior of high risk college men: Contradictory preliminary findings. Alcoholism: Clinical and Experimental Research, 10(3), 305-310.

Alterman, A. I., Hall, J. G., Purtill, J. J., Searles, J. S., Holahan, J. M., & McLellan, A. T. (1990). Heavy drinking and its correlates in young men. Addictive behaviors, 15(1), 95-103.

Arnaudova, I., & Amaro, H. (2020). Acting with awareness and distress tolerance relate to PTSD symptoms among women with substance use disorder. *Mindfulness*, *11*, 1460-1468.

Arnett, J. J. (2000). Emerging Adulthood: A theory of development from the late teens through the twenties. American Psychologist, 55(5), 469-480. DOI: 10.1037//0003-066X.55.5.469

Arnett, J. J. (2006). G. Stanley Hall's Adolescence: Brilliance and nonsense. History of Psychology, 9(3), 186-197. DOI: 10.1037//1093-4510.9.3.186

Baumeister, R., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117, 497-529.

Berking M, Margraf M, Ebert D, Wupperman P, Hofmann SG, Junghanns K. Deficits in emotion-regulation skills predict alcohol use during and after cognitivebehavioral therapy for alcohol dependence. J Consult Clin Psychol. (2011) 79:307–18. doi: 10.1037/a0023421

Bhatia & Chadha. (1993) Family Environment Scale. Lucknow: Ankur Psychological Agency.

Brandon TH, Herzog TA, Juliano LM, Irvin JE, Lazev AB, Simmons VN. Pretreatment task persistence predicts smoking cessation outcome. Journal of Abnormal Psychology. 2003;112:448–456. [PubMed] [Google Scholar]

Brown RA, Lejuez CW, Kahler CW, Strong DR. Distress tolerance and duration of past smoking cessation attempts. Journal of Abnormal Psychology. 2002;111:180–185. [PubMed] [Google Scholar]

Brown RA, Ramsey SE. Addressing comorbid depressive symptomatology in alcohol treatment. Professional Psychology: Research and Practice. 2000;31(4):418–422.

Buckner, J. D., Keough, M. E., & Schmidt, N. B. (2007). Problematic alcohol and cannabis use among young adults: The roles of depression and discomfort and distress tolerance. *Addictive behaviors*, *32*(9), 1957-1963.

Burckhardt, C. S., & Anderson, K. L. (2003). The Quality of Life Scale (QOLS): reliability, validity, and utilization. *Health and quality of life outcomes*, *1*(1), 1-7.

Charzyńska, E., Gruszczyńska, E., &Heszen-Celińska, I. (2020). The role of forgiveness and gratitude in the quality of life of alcohol-dependent persons. *Addiction Research & Theory*, *28*(2), 173-182.

Chen, G. (2017). Does gratitude promote recovery from substance misuse?. *Addiction Research & Theory*, *25*(2), 121-128.

Chen, L. H., Wu, C. H., & Chang, J. H. (2017). Gratitude and athletes' life satisfaction: The moderating role of mindfulness. *Journal of Happiness Studies*, *18*, 1147-1159.

DiReda, J., & Gonsalvez, J. (2016). The role of spirituality in treating substance use disorders. *Journal of Psychology and Clinical Psychiatry*, *6*(4), 00365.

Donovan D, Mattson ME, Cisler RA, Longabaugh R, Zweben A. Quality of life as an outcome measure in alcoholism treatment research. J Stud Alcohol Suppl. 2005;15:119–39. discussion 92-3.

Dvorak, R. D., Sargent, E. M., Kilwein, T. M., Stevenson, B. L., Kuvaas, N. J., & Williams, T. J. (2014). Alcohol use and alcohol-related consequences: Associations with emotion regulation difficulties. *The American journal of drug and alcohol abuse*, *40*(2), 125-130.

Garg, N., Katiyar, N. & Mehak Gratitude Questionnaire (GQ-6)—Exploring Psychometric Properties in India. *J Relig Health* **60**, 3716–3731 (2021). https://doi.org/10.1007/s10943-021-01419-y

Gratz KL, Roemer L. Multidimensional assessment of emotion regulation anddysregulation: development, factor structure, and initial validation of the difficulties in emotion regulation scale. J Psychopathol Behav Assess. (2004) 26:41–54. doi: 10.1023/B:JOBA.0000007455.08539.94

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, *39*(3), 281-291.

Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation

Howell A, Leyro T, Hogan J, Buckner J, Zvolensky M. Anxiety sensitivity, distress tolerance, and discomfort intolerance in relation to coping and conformity motives for alcohol use and alcohol use problems among young adult drinkers. Addictive Behaviors. 2010;35(12):1144–1147. [PMC free article] [PubMed] [Google Scholar]

Kant, I. (1964). The metaphysical principles of virtue: Part II of The metaphysics of morals (J. Ellington, Trans.). Indianapolis, IN: Bobbs-Merrill. (Original work published 1797).

Khan, AJ , Pedrelli, P , Shapero, BG , Fisher, L , Nyer, M , Farabaugh, AI, et al. The association between distress tolerance and alcohol related problems: the pathway of drinking to cope. Subst Use Misuse. (2018) 53:2199–209. doi: 10.1080/10826084.2018.1464027 PubMed Abstract | CrossRef Full Text | Google Scholar

Klimczuk, Adulthood, [in:] H.L. Miller (ed.), The SAGE Encyclopedia of Theory in Psychology,

Koller M, Lorenz W. Quality of life: a deconstruction for clinicians. J R Soc Med. 2002 Oct;95(10):481-8. doi: 10.1177/014107680209501002. PMID: 12356967; PMCID: PMC1279172

Krentzman, A. R. (2019). A full and thankful heart: writings about gratitude by Alcoholics Anonymous co-founder, Bill Wilson. *Addiction Research & Theory*, *27*(6), 451-461.

Kumar S. India has widespread drug problem, report says. BMJ. 2004 Jul 3;329(7456):14. doi: 10.1136/bmj.329.7456.14-h. PMID: 15231606; PMCID: PMC443486.

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. *Social work in public health*, *28*(3-4), 194-205.

Leyro, TM , Zvolensky, MJ , and Bernstein, A . Distress tolerance and psychopathological symptoms and disorders: a review of the empirical literature among adults. Psychol Bull. (2010) 136:576–600. doi: 10.1037/a0019712

Longabaugh R, Mattson ME, Connors GJ, Cooney NL. Quality of life as an outcome variable in alcoholism treatment research. J Stud Alcohol Suppl. 1994;12:119–29.

McCullough, M. E. (2001). Forgiveness: Who does it and how do they do it?. *Current directions in psychological science*, *10*(6), 194-197..

Neacsiu, A. D., Eberle, J. W., Kramer, R., Wiesmann, T., & Linehan, M. M. (2014). Dialectical behavior therapy skills for transdiagnostic emotion dysregulation: A pilot randomized controlled trial. *Behaviour research and therapy*, *59*, 40-51.

Ostrom, Q. T., Gittleman, H., Truitt, G., Boscia, A., Kruchko, C., & Barnholtz-Sloan, J. S. (2018). CBTRUS statistical report: primary brain and other central nervous system tumors diagnosed in the United States in 2011–2015. *Neuro-oncology*, *20*(suppl_4), iv1-iv86.

Patra, B. N., Sarkar, S., Basu, D., &Mattoo, S. K. (2016). Quality of life of opioid-and alcohol-dependent treatment seeking men in North India. *Journal of Substance Use*, *21*(3), 317-322..

Patra, H. S., Meher, M. K., & Mohan, S. K. (2015). Socio-economic profile and quality of life of villages in and around mining area of Keonjhar District, orissa, India. *International research journal of social sciences*, *4*(6), 31-39.

Pedrelli, P , MacPherson, L , Khan, AJ , Shapero, BG , Fisher, LB , Nyer, M, et al. Sex differences in the association between heavy drinking and behavioral distress tolerance and emotional reactivity among non-depressed college students. Alcohol Alcohol. (2018) 53:674–81. doi: 10.1093/alcalc/agy045 PubMed Abstract | CrossRef Full Text | Google Scholar

Peng, Yanfang, et al. "A cross-sectional study on interference control: age affects reactive control but not proactive control." PeerJ 8 (2020): e8365.

Personality and Social Psychology, 85, 348-362.

Petit G, Luminet O, Maurage F, Tecco J, Lechantre S, Ferauge M, et al. Emotion regulation in alcohol dependence. Alcohol Clin Exp Res. (2015) 39:2471–9. doi: 10.1111/ acer.12914

Pilatti, A , Michelini, Y , Bravo, AJ , and Pautassi, RM . The association between distress tolerance and alcohol outcomes via internal drinking motives. Subst Use Misuse. (2022) 57:230–8. doi: 10.1080/10826084.2021.2002900 PubMed Abstract | CrossRef Full Text | Google Scholar processes: Implications for affect, relationships, and well-being. *Journal of* PubMed Abstract | CrossRef Full Text | Google Scholar

SAGE Publications, Thousand Oaks 2016, pp. 15–18. http://doi.org/10.4135/9781483346274.n11

Simons J, Gaher R. The Distress Tolerance Scale: Development and validation of a self-report measure. Motivation and Emotion. 2005;29:83–102. [Google Scholar]

Simons JS, Gaher RM, Oliver MNI, Bush JA, Palmer MA. An experience sampling study of associations between affect and alcohol use and problems among college students. Journal of Studies on Alcohol. 2005;66:459–469. [PubMed] [Google Scholar]

Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and emotion*, *29*(2), 83-102

Sloan, E., Hall, K., Simpson, A., Youssef, G. J., Moulding, R., Mildred, H., &Staiger, P. K. (2018). An emotion regulation treatment for young people with complex substance use and mental health issues: A case-series analysis. *Cognitive and Behavioral Practice*, *25*(3), 427-441.

The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. Soc Sci Med. 1995;41:1403–9.

Ugochukwu, C., Bagot, K. S., Delaloye, S., Pi, S., Vien, L., Garvey, T., ...&IsHak, W. W. (2013). The importance of quality of life in patients with alcohol abuse and dependence. *Harvard review of psychiatry*, *21*(1), 1-17.

Van Ryzin, M. J., Fosco, G. M., &Dishion, T. J. (2012). Family and peer predictors of substance use from early adolescence to early adulthood: An 11-year prospective analysis. *Addictive*

Webb, J. R., Hirsch, J. K., Conway-Williams, E., & Brewer, K. G. (2013). Forgiveness and alcohol problems: Indirect associations involving mental health and social support. *Addiction Research & Theory*, *21*(2), 141-153

World Health Organization. (2018). *Global status report on alcohol and health 2018*. World Health Organization.

Yamhure Thompson, L., Snyder, C. R., & Hoffman, L. (2005). Heartland Forgiveness Sclae. *Faculty Publications, Department of Psychology*, 452.